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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 430 OF 475 (check only one) X 17
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Full Name (Last, First, Middle Initial) Schneider's of Captiol Hill		Date of Disbursement
Mailing Address 300 Massachusetts Avenue, NE		07 14 2015
Washington Purpose of Disbursement Reimburse; H2 Capital: beverages Candidate Name	State Zip Code OC 20002-5702 Category Type ment For: 2016	
Office Sought: House Disburser Senate President State: District:	Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Schneider's of Captiol Hill Mailing Address 300 Massachusetts Avenue, NE		Date of Disbursement M M / O D / V V V V V V V V V V V V V V V V V V
City Washington Purpose of Disbursement Reimburse; H2 Capital: beverages Candidate Name	State Zip Code DC 20002-5702 Catego Type	Transaction ID : B1C3778F4395541C7961
	ment For: 2016 Primary General Other (specify)	
Full Name (Last, First, Middle Initial) C. Uber Car Service Mailing Address 405 Howard Street	<u> </u>	Date of Disbursement M M M / D D / Y Y Y Y 07 14 2015
City State San Francisco CA Purpose of Disbursement Reimburse; H2 Capital: taxi Candidate Name	94105-2625 Catego	Transaction ID : BA43371B90C124476B4C
Office Sought: House Disburse Senate President State: District:	ment For: 2016 Primary General Other (specify)	e [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only	· ·	